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10YEARS VOLUNTER HOURS 2008-2018

PREVENTION WORKS!

BARRINGTON DRUG FREE COMMUNITIES GRANT

THE BAYTEAM REPORT

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THE BAY TEAM IS
PROUD TO REPORT
10 YEARS OF SUCCESS
IN LOWERING YOUTH
SUBSTANCE USE

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BHS 30-DAY USE TRENDS 2007-2017

Barrington Risk and Protective Factor Survey 2009-2017, SALT 2007

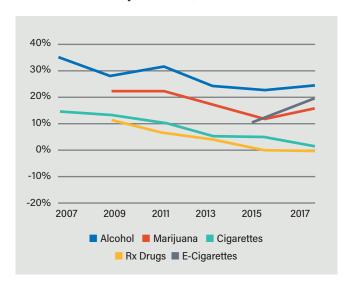
THE BAYTEAM

What do we know about water quality?

"Is it safe to swim at Barrington Beach today?" Who knew when the Barrington Substance Abuse Task Force changed its name (around 2006) to the BAY Team (for Barrington Adult Youth Team) that we would get calls about water quality? It happens... every summer. The mission of the BAY Team, a state-mandated and grant-driven group of volunteers and staff, is to promote a safe and healthy Barrington through communication and collaboration. While some people know us as the group that prevents substance abuse, our work is actually much broader, though rarely includes beach reports.

Funding over the past 10 years has come primarily from the Drug Free Communities grant, a program of the Substance Abuse and Mental Health Services Agency (SAMHSA) to reduce high school youth substance use. The BAY Team's success earned national recognition with a 2014 Got Outcomes award. All types of teen substance use have decreased.

A population-based approach aims to promote wellness and prevent problems by addressing risk and protective factors across multiple contexts (family, neighborhood, school, community, and culture) through a deliberate process. For instance, when youth frequented beaches and homes for large alcohol-involved parties, members of the BAY Team promoted state legislation to require keg registration, school programs that teach problem solving, parenting meetings on the role of the internet in our children's lives, preschool programs that helped parents build strong communication skills, and training of local retailers to avoid selling alcohol to minors. See more at www.thebayteam.org.



As we come to the end of an amazing decade of federal support (the DFC grant is limited to 10 years, at which point coalitions aim to be institutionalized within their communities), we are faced with more challenges ahead. Will Barrington weather the opioid epidemic, the changing landscape of marijuana legislation, the emergence of new products such as electronic cigarettes, rising rates of anxiety, when the annual DFC funds of \$125,000 halt on September 30th? RI provides no state budget funding to the BAY Team. The Town of Barrington supports the coalition through "in-kind" donations (office space, IT support, accounting services, etc.) but also has no line item in the municipal or school budgets.

The BAY Team was chosen by the state in 2017 to be one of seven regional directors of prevention, overseeing the East Bay region (Barrington, Bristol, Warren, and East Providence). This new model allows for some economies of scale when conducting media buys, for example, but it does not eliminate the need for local support. Furthermore, it formally broadens the scope of work to include mental health promotion and prevention across the lifespan. This means that for far less money, we are expected to address additional issues such as suicide prevention and mental health in the communities at large, as well as promote connectivity amongst the municipalities in our region. While we share some commonalities with our regional partners, Barrington has unique attributes and challenges that are served by its municipal coalition. Dedicated funding, community support, and more volunteers are needed for the BAY Team to continue the progress towards a safe and healthy community.

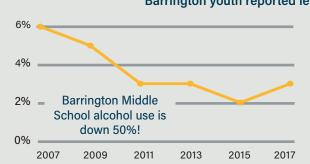
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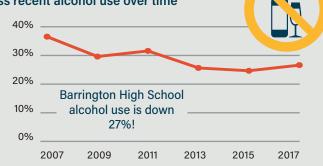
BHS YOUTH ALCOHOL USE DECREASED BY 27%

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YOUTH ALCOHOL USE

ALCOHOL INTERVENTIONS HAVE BEEN SUCCESSFUL Barrington youth reported less recent alcohol use over time





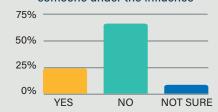
YOUTH HAVE A BETTER UNDERSTANDING OF RISKS

In 2017, over 75% of high school youth perceived moderate or great risk of alcohol use





"I think that a lot of kids have gotten the connection between alcohol and driving" In 2017, less than 25% of high school youth reported that "yes", they drove with someone under the influence



SUCCESSFUL INTERVENTIONS

Local strategies have decreased access & availability to alcohol and changed social norms

- Information dissemination to liquor licensees
- Enhanced access to videotaped liquor trainings
- Increased consequences through compliance checks
- Changed policies by requiring local liquor training
- Changed physical design with best practices like ID scanners
- Implemented 5-year Life of an Athlete program to change norms and policies for student-athletes
- Provided support for school passage of mandatory breathalyzer policy
- Implemented social norms campaign to Shatter the Illusion that all youth drink

 The BAY Team was awarded the CADCA Got Outcomes award for their continued results-based efforts



"Compliance checks are positive and efficient"

There is still more to do!

Alcohol remains the most used substance by youth and alcohol use disorder is on the rise, affecting 1/3 of US adults.

MODEL SUSTAINABLE PROGRAM

Passed town ordinance in 2013 for minors to attend Minors in Possession (MIP) program

- Municipal court judge can order minor to attend
- Juvenile Hearing board adopted requirement
- Juvenile Hearing board requests parents attend

The money directed to the BAY Team through fines offsets the program costs!



Program content includes:

- Risk and protective factors
- A discussion of consequences
- Dangers of alcohol use
- Comparison of pros & cons
- Strategies to avoid future problems
- Triggers, alternatives, & resources

Other reported consequences include loss of car, brief curfew restrictions, loss of parental trust, & public embarrassment with young adult names published in the newspaper's police blog.

Sources: Barrington DFC, 2017; East Bay Regional Needs Assessment, 2017; The BAY Team 2014 Coalition in Focus Award Application. Created in collaboration with Datacorp

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BHS TOBACCO USE RATES DECREASED TO 4%

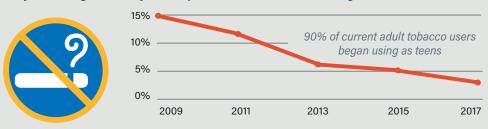
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YOUTH TOBACCO USE

TRADITIONAL CIGARETTES ARE OUT!

Only 4% of high school youth reported current traditional cigarette use in 2017

"I don't see that many kids who use cigarettes..."



ELECTRONIC CIGARETTES ARE ON THE RISE!

In 2017, nearly 30% of high school youth reported ever using electronic cigarettes

E-cigarette use is often called vaping or Juuling. Juul is the most popular brand of e-cigarette.

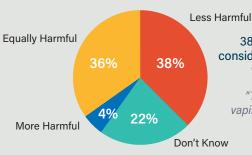
E-cigarette use involves aerosolized nicotine, flavorings, and other chemicals.



Reported lifetime use of electronic cigarettes drastically increases by age, with nearly 50% of 12th grade students reporting ever used

PERCEPTIONS OF ELECTRONIC CIGARETTES

More efforts are needed to increase awareness of prevalence & risk of harm



38% of high school youth consider E-Cigs less harmful than traditional cigarettes.

"They know tobacco is bad, vaping they don't understand has the same dangers"

Over 20% of high school youth didn't know enough about them.



Ninth graders who use e-cigarettes and hookah are up to 4 times more likely to use marijuana in 11th grade

Around 20% of parents think teens would use E-cigarettes by senior year.

79% False

SUCCESSFUL INTERVENTIONS

- Created travelling display box of emerging products
- Created regional youth task force to address youth tobacco use
- Provided presentations to town councils, schools, youth, & parents
- Disseminated media insert in local papers
- Provided education around model state and local policies
- Completed comprehensive data collection on youth e-cigarette use
- Conducted STARS inventory of products sold by local retailers
- Provided signage to schools to raise awareness of new state law that includes electronic cigarettes in non-smoking policies
- Obtained multiple RIDOH grants to address youth tobacco access

There is still more to do!



- Increase age to 21
- Pass model local and state legislation
- Increase awareness of youth e-cigarette risks
- Restrict access to flavored products, which are mainly marketed to youth

Sources: Barrington DFC, 2017; East Bay Regional Needs Assessment, 2017; BAY Team Parent Survey Results, Fall 2016; Audrain-McGovern, et al., 2018. Adolescent ECigarette, Hookah, and Conventional Cigarette Use and Subsequent Marijuana Use, Pediatrics, 142(3): e20173616. Created in collaboration with Datacorp

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12%0F BHS SENIORS REPORTED USING HIGH POTENCY MARIJUANA* IN E-CIGARETTES

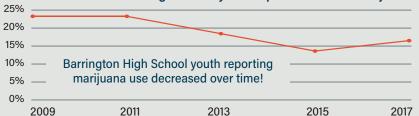
> *HIGH POTENCY MARIJUANA HAS HIGH LEVELS OF THC, THE PSYCHOACTIVE COMPONENT, AND GOES BY NAMES SUCH AS DABS, SHATTER, WAX, AND BUDDER.

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YOUTH MARIJUANA USE

YOUTH MARIJUANA USE SHOULD NOT BE NORMAL

17% of high school youth reported current marijuana use in 2017





YOUTH DO NOT UNDERSTAND THE RISK OF MARIJUANA USE

In 2017, 25% of high school youth intended to start using marijuana in the next 2 years



"Our communities tend to believe that marijuana isn't as dangerous"

- Marijuana is addictive
- Marijuana affects learning
- Marijuana affects mental health
- Marijuana affects driving

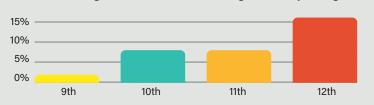
36% of high school youth perceived no or slight risk of marijuana use



MARIJUANA USE IS CHANGING

The use of marijuana-infused products or edibles increases by grade at concerning levels, with 16% of 12th graders reporting use

12% of high school seniors reported using high potency marijuana products such as dabs or shatter through an electronic nicotine delivery system in 2017



"[marijuana legalization] leads to the edibles and more varieties"



MARIJUANA LEGALIZATION POSES CHALLENGES

The majority of Barrington parents oppose legalization "Anytime you give mixed messages, the message itself is diluted" making it news, in a don't the message itself is diluted. Neither Approve

"The more we keep talking about making it legal and glorifying it... in the news, in the media, that is why... people don't think marijuana is a problem"

SUCCESSFUL INTERVENTIONS

- Founded statewide Ocean State Prevention Alliance
- Published & disseminated state-recognized The Cost is Too High educational booklet
- Implemented Parenting IS Prevention video series
- Implemented first marijuana-focused school curriculum in RI
- Disseminated community marijuana prevention messages
- Collaborated with regional partners on statewide public service campaign

= Age = Enf = Adv

There is still more to do!

- Age requirements
- Enforcement standardization
- Advertisement limitations
- Long-term effects research
- Policy & advocacy efforts
- Awareness of prevalence & risks, including high potency & edible forms of marijuana & use with e-cigs

Sources: Barrington DFC, 2017; East Bay Regional Needs Assessment, 2017; BAY Team Parent Survey Results, Fall 2016; The Cost is Too High, 2018. Created in collaboration with Datacorp

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24% OF YOUTH HAVE FELT SAD OR HOPELESS FOR MORE THAN 2 WEEKS HTHH HHHHHHHHHHHHHHHHHHHHH

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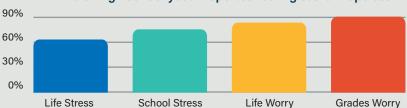
MENTAL HEALTH & PRESCRIPTION DRUG MISUSE

-W-

"School anxiety is huge... they don't have any clues on how to deal with anxiety"

WHAT ARE KIDS WORRYING ABOUT?

24% of high school youth reported feeling sad or hopeless



"Mental health [problems are] at epidemic proportions but there is not enough awareness or information to help them manage it"



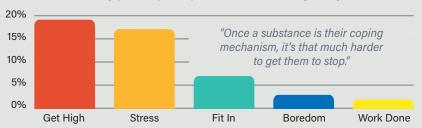
The greatest mental health concerns are related to school

"Depression is something that people are more likely to self-medicate"



PRESCRIPTION DRUG USE & MOTIVATIONS

Youth are using prescription pain medication to get high or reduce stress



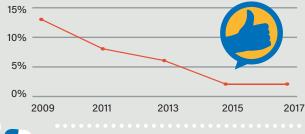


Youth reported a higher motivation rate (14%) to use stimulant medications to get work done

"Adderall, antidepressants, and painkillers are still out there... a lot of it comes from families being careless about how they dispose of their medications"



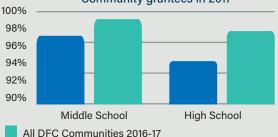
Barrington high school students reported significantly less recent prescription drug misuse over time!



SUCCESSFUL INTERVENTIONS

- RX Drug Take Backs & installation of permanent drug disposal box
- Supported Stanford University's study on student stress in school
- Worked with community leadership to craft an overdose crisis response
- Awareness campaign to address stigma & publicize treatment resources
- Distributed lock bags & deactivation bags to eliminate excess Rx
- Presented opioid safety information to senior center
- Implementing ChangeDirection.org
- Partnering with NAMI-RI and Association for Suicide Prevention

More Barrington youth reported refraining from RX misuse when compared to other Drug Free Community grantees in 2017



All DFC Communities 2016-1

Barrington 2016-17

There is still more to do!

- Overdose death rates on the rise
- National opioid misuse at epidemic levels
- Poor understanding of opiate addiction
- Bullying is problematic across grades
- Bullying contributes to poor mental health
- Stigma is a barrier to diagnosis & treatment
- Youth with mental illness self-medicate

Sources: Barrington DFC, 2017; East Bay Regional Needs Assessment, 2017; The BAY Team 2014 Coalition in Focus Award Application, Created In collaboration with Datacorp

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Parenting 15 -- prevention

BAYTEAM VIDEO SERIES

YouTube: Parenting IS Prevention

Introduction

Ignite your child's spark!

Developing your child's brain

−2 parts

Vaping 101

Your child on caffeine

What your pediatrician knows about your child and marijuana

Stressed out youth—2 parts

Early expectations = healthy development

Transition to college—

The college search: beyond academics

Transition to college— Navigating freshman year

YouTube: BAY Team Reach Series

Additional video series for adults working with youth based on the Search Institute's REACH program, covers:

Relationships

Effort

Aspirations

Cognition (Self-control)

Heart(Sparks)

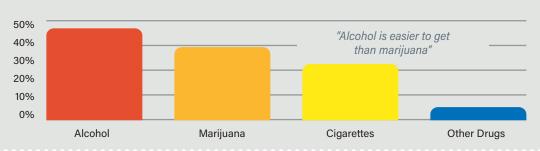
AWARENESS & POLICY REDUCE YOUTH ACCESS

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YOUTH ACCESS & AVAILABILITY

YOUTH PERCEIVE ALCOHOL & MARIJUANA EASY TO GET

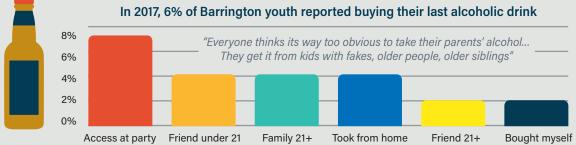
Youth perceived alcohol and marijuana the easiest substances to access, in 2017





ACCESS TO ALCOHOL

In 2017, youth who drink reported the most access to alcohol is at events or parties In 2017, 6% of Barrington youth reported buying their last alcoholic drink



PARENTAL MONITORING

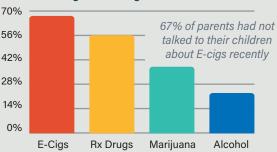
21% of Barrington parents secure alcohol in their home



31% of Barrington parents secure prescription drugs in their home



Barrington parents are less likely to discuss the risks or consequences of Rx Drugs and E-Cigs with their kids



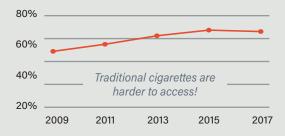
SUCCESSFUL INTERVENTIONS

The BAY Team has implemented, advocated, & supported interventions to reduce youth access

- Assisted alcohol & tobacco retail compliance checks
- Facilitated drug take backs twice a year
- Installed permanent drug disposal box at police station
- Assisted collection of excess medications from schools & seniors
- Implemented Count it, Lock it, Drop it campaign
- Increased awareness of need to secure alcohol in homes & boats
- Provided mandated annual training of liquor sellers & servers
- Provided expertise to town with the expansion of town liquor licenses to include liquor stores

There is still more to do!

70% of youth now report traditional cigarettes are hard to get, but electronic cigarettes are highly accessed online



Sources: Barrington DFC, 2017; East Bay Regional Needs Assessment, 2017; The BAY Team Parent Survey Results Fall 2016, Created in collaboration with Datacorp

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DOES PREVENTION WORK?

Perhaps, If It's Well-Funded:

Substance abuse prevention community coalitions are one response to the substance abuse problem. Typically, the community focus is to mobilize the entire community to address the problem. Substance abuse prevention, especially the use of environmental strategies, funded in large part by the Substance Abuse and Mental Health Service Administration (SAMHSA), have been extremely successful in "moving the needle" and reducing substance use among youth (Flewelling & Hanley, 2016). This is particularly true for community coalitions. Recent evidence shows that high functioning community coalitions are effective in producing community level changes in substance use (Flewelling & Hanley, 2016). And even though there is documentation attesting to nearly two decades of success and health cost savings of between \$2 and \$20 for every prevention dollar spent (Swisher, Scherer, & Yin, 2004; Miller and Hendrie, 2009), federal prevention funding was cut by 33% between federal fiscal years 2009 and 2017 (CADCA).

This is unfortunate because at least three national studies of youth substance abuse show that in the last 4-5 years we are now experiencing increased substance use and "softer" attitudes toward use. The purpose of this pilot study was to examine the relationship between prevention funding levels and widely accepted substance use outcomes among youth. Four communities participated in this pilot test. It was hypothesized that as funding increases, substance use decreases.

Methods

The goal of this study was to examine the relationship between funding and outcomes. Community level funding data provided by each coalition and substance use data gathered through various community surveys were examined to determine if a relationship between these two measures exists in the communities of interest.

Participants

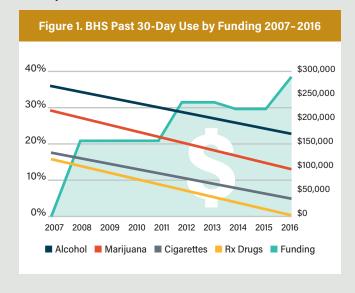
The participating communities in this pilot study were Barrington, Bristol-Warren, and East Providence, which now comprise Region 5, East Bay, in Rhode Island's regional substance abuse prevention system.

Funding Data

Each community provided documentation of their funding amounts and sources for the period covering 2007–2017, which varied by community. The name of the funding source and the amount per year were used for analysis.

Substance Abuse Prevention Data

In this pilot study we examined 4 common substance abuse prevention outcomes: past 30-day tobacco, alcohol, marijuana, and prescription drug use. Data were obtained from DFC biannual Communities That Care youth surveys for communities that had them and from the Rhode Island Student Survey for those who did not have this data. We reviewed and analyzed data for junior high and high school youth.



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Analyses

A simple file was constructed that contained the community funding data for each community and substance use outcome data as reported in the biannual youth surveys. These data were then plotted against each other by community using the linear trend function in Excel.

Results

Only one community had complete and consistent youth survey data that could be used for this analysis. The results showed for this community that over time, specifically between 2007 and 2016, the community's funding increased substantially and its substance use decreased. The data for this community are presented in Figure 1.

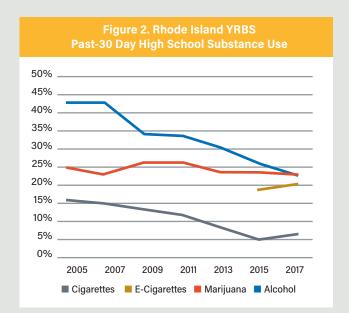
Conclusions

While it is premature to deduce that prevention only works if it is well funded, the fact that prevention works has been well documented (Flewelling & Hanley, 2016; Swisherm Scherer, and Yin, 2004; Zakocs & Edwards, 2006). Also well documented, is the funding history for prevention efforts and the substance use trends in multiple national, state, and local surveys. It should be noted, that the Barrington community had additional funding to specifically target marijuana and tobacco, which is where the biggest substance use reductions were observed. Similarly, the state of Rhode Island was awarded funding that targeted alcohol, and as can be seen in the graph below, substantial decreases in alcohol consumption were observed.

The results of this pilot study are certainly compelling and suggest that a deeper look into the relationship between substance abuse prevention funding levels and prevention outcomes in more communities could be warranted.

Limitations

This pilot study examined 4 regional communities in one state. It is possible that any relationship observed in this data could be related to environmental factors that may have impacted the outcome measures. For instance, one of the communities had more than one tragic event occur that created a strong call to action among the community members. These events got the community more involved than it had been prior to their occurrence. This pilot study was only able to include Barrington due to a lack of consistently collected data among the other communities in the region.



One of the reasons this community was able to collect quality, consistent data was due in part to its funding.

Barrington was required to conduct an evaluation and report data to its funders as part of its funding requirements. All of these communities now participate in a statewide survey that, if institutionalized, would allow a more thorough study of each community. It should also be noted that the communities under study did not have a consistent, systematic method

each community. It should also be noted that the communities under study did not have a consistent, systematic method for recording their funding sources and amounts. It would be helpful if communities could receive technical assistance and standardize the manner in which they track their funding data.

Citations

CADCA, www.cadca.org/prevention-works, retrieved (2018, June 10)

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Flewelling, R.L. & Hanley, S.M. (2016). *Prevention* Science. "Assessing community Coalition Capacity and its Association with Underage Drinking Prevention Effectiveness in the Context of the SPF SIG." 17:7, 830-840.

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Swisher, J.D., Scherer & Yin, K. *The Journal of Primary Prevention.* "Cost-Benefit Estimates in Prevention Research." 25:2, October 2004. Zakocs, R.C. & Edwards, E.M. (2006). *American Journal of Preventive Medicine.* What explains community coalition effectiveness? 30:4: 351-361.

THE BAY TEAM

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www.thebayteam.org www.riprevention.org



THANK YOU

Thank you to the many individuals and organizations with whom we have communicated and collaborated through the years. Together, we have made Barrington a safer and healthier community!

Substance Abuse and Mental Health Services Administration (SAMHSA)

Centers for Disease Control and Prevention (CDC)

Drug Free Communities (DFC)

Office of National Drug Control Policy (ONDCP)

RI Department of Behavioral Health Developmental Disabilities

and Hospitals (BHDDH)

RI Department of Health (RIDOH)

RI Tobacco Control Program (RITCP)

Tobacco Free RI (TFRI)

Smart Approaches to Marijuana (SAM) Ocean State Prevention Alliance (OSPA) National Alliance for Mental Illness (NAMI)

RI Regional Prevention Coalitions
RI Prevention Resource Center
Bristol/Warren Prevention Coalition
East Providence Prevention Coalition
East Bay Tobacco Youth Council

BHS SADD Club, BAYouth, and HOPE Club

BMS CHOICES Club
Our RI and US legislators

Town of Barrington, Town Manager, and Town Council members

Barrington Public Library

Barrington Department of Public Works
Barrington Human Resources Department
Barrington Parks and Recreation Department

Peck Center for Adult Enrichment Barrington Community School Barrington Police, Fire and Rescue

Barrington Town Planning

Barrington Accounting Department Barrington Town Clerk Department

Barrington School District, Superintendent,

and School Committee Members

Student Assistance Counselors, Social Workers,

and Health Teachers Barrington School PTO's

Dr. Beth Lange, Coastal Waterman Pediatrics

Bill DeWitt & HCC Marketing AfterProm Committee Senior Project students Barrington Preschools Barrington Christian Academy

St. Andrew's School St. Luke's School

Barrington clergy and houses of faith

Roger Williams University East Bay Center

Bayside Family YMCA

Barrington physicians and psychologists

Barrington Business Association Barrington Liquor licensees Atria Bay Spring Village

Bay Spring Community Center and Bay Spring Folk

Verizon Shaws CVS

McDaffa's Donut Cakes Sara Kriz Design

Brian Trahan, Center for Phenomenological Leadership

Arts Alive!

Dena Davis, ACTion Performance and Leadership

Camp iAm Staff—youth and adult

Local businesses that supported Camp iAM

Moms Demand Action

Girl Scouts Boy Scouts Pop Warner East Bay Rowing East Bay Lacrosse

Barrington Youth Soccer Association

Barrington Little League

Parenting Is Prevention Video Series—all of the writers,

presenters, and editors

BAY Team Interns: Natalia Tovar, Noelle Cooke, Emma Conway, Megan Elwell, Nicole Aimua

Volunteers who attend monthly meetings, chair committees, act as school liaisons, attend conferences, and staff booths for Drug Take Backs, Liquor Trainings, Family Dinner Days, Open Houses, town events, and newsletter dissemination: These incredible moms, dads, students, and other community members individually provided over 10,000 hours of

volunteer time.
You are all amazing!

This publication was developed in part by funds from grant 2H79SP014840 from ONDCP, SAMHSA and HHS. The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of ONDCP, SAMHSA or HHS.

Thanks to Datacorp for 10 years of evaluation services and the white paper and infographics contained within this publication.

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